

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **1567**

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY **Maricopa**

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)
Phoenix

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)
10 mos | **10 mos**

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
5302 North 20th Street

2. USUAL RESIDENCE

A. STATE **Arizona**

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)
Phoenix *rural*

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
5302 N 20th Street.

REGISTRAR'S NO. **669**

3. NAME OF DECEASED

A. (FIRST) **Charles**

B. (MIDDLE) **A.**

C. (LAST) **Boquist**

4. SEX **male**

5. COLOR OR RACE **white**

6. MARRIED - ☒ NEVER MARRIED
☐ WIDOWED ☐ DIVORCED

DATE OF BIRTH
MONTH **2** DAY **17** YEAR **1890**

B. AGE
YEARS **61** MONTHS **1** DAYS **2**

IF UNDER 24 HOURS
HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Blue Print Engineer

9B. KIND OF BUSINESS OR INDUSTRY
Edison Co.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Chicago, Ill

11. CITIZEN OF WHAT COUNTRY?
U. S. A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
NO **NO**

13. SOCIAL SECURITY
380-01-5872
Unknown

14A. FATHER'S NAME
Magnus Boquist

14B. BIRTHPLACE (STATE OR COUNTRY)
Sweden

15A. MOTHER'S MAIDEN NAME
Caroline Erickson

15B. BIRTHPLACE (STATE OR COUNTRY)
Sweden

16. INFORMANT'S SIGNATURE

Elsie M. Boquist, Phoenix, Arizona.

ADDRESS

17. DATE OF DEATH

(MONTH) **March**

(DAY) **19**

(YEAR) **1951**

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRA.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A)

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

DUE TO (B)

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

Cerebral hemorrhage
Hypertension
Nephrosclerosis, benign
Old myocardial infarct

INTERVAL BETWEEN ONSET AND DEATH

5-10 yrs

5-10 yrs

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY)

(STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **10/31** 19**50** TO **3/19** 19**51** THAT I LAST SAW THE DECEASED ALIVE ON **2/5** 19**51** AND THAT DEATH OCCURRED AT **1:00P.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

T. R. Gregory M.D.

(DEGREE OR TITLE)

23B. ADDRESS

832 N. 7th Ave

23C. DATE SIGNED

3/20/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE
3-21-51

24C. NAME OF CEMETERY OR CREMATORY
St. Francis Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
Phoenix, Arizona.

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

Burke Johnston

26. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

27. EMBALMER'S SIGNATURE

CERT. NO.

Whitney Funeral Home, Phoenix, Arizona.

DEATH
AND
RESIDENCE

EDENT
PERSONAL
DATA

CAUSE
OF
DEATH
EM 18)

RATIONS,
UTOPSY
DEATH
UE TO
TERNAL
OLENCE

EDICAL
ORONER'S
IFICATION

JNERAL
RECTOR
AND
GISTRAR

671586